## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number RPS 92003 0226US 1

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			200		,,,,,,		Г	RATE	FEE	<b>1</b>	RATE	FEE
FOR			NUMBER FILED		NUMB	MBER EXTRA		BASIC FEE	<del>                                      </del>	OR	04010 555	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		*			X\$ 9=		OR	X\$18=	
IND	DEPENDENT CL	LAIMS	3 minus 3 =		*	*		X43=		OR	X86=	
MU	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	olumn 2	L	TOTAL	<b> </b>	OR	TOTAL	770
CLAIMS AS AMENDED - PART II								~~~			OTHER	
	<del> </del>	(Column 1)	<del></del>	(Column		(Column 3)	r	SMALL		OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	L	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	CL AINA	=		X43=		OR	X86=	
Ш	FIRST PRESE	.NTAHON OF MIC	JLTIPLE DEPENDENT		CLAIN			+145=		OR	+290=	
								TOTAL ADDIT. FEE		יהן	TOTAL ADDIT. FEE	
		(Column 1)				•						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145		l	. 200-	
								+145= TOTAL		OR	+290=	•
	·.									OR ,	TOTAL ADDIT. FEE	
	1	(Column 1)	(Column 3)									
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	,	=		X\$ 9=		OR	X\$18=	
ME	Independent	l <sub>.</sub>	Minus	***		=		X43=		OR	X86=	
٦	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											-
* If	f the entry in colur	mn 1 is less than the	L	+145=		OR	+290=					
** 11	f the "Highest Nun If the "Highest Nun	ΑE	TOTAL DDIT. FEE	·	OR ,	TOTAL ADDIT. FEE						
		nber Previously Paid					foun	d in the app	ropriate box	: in colu	umn 1.	